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APPLICANTS

Kevin J. Williams, Wynnewood, PA;

** CONTINUING DATA *****

This application is a CIP of 10/419,462 04/21/2003 PAT 7,655,411
 which claims benefit of 60/405,494 08/23/2002

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
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Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY PA	SHEETS DRAWING 12	TOTAL CLAIMS 240	INDEPENDENT CLAIMS 24
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

31717

TITLE

CLINICAL ASSAYS FOR THROMBOSPONDIN FRAGMENTS IN THE DETECTION, DIAGNOSIS, AND EVALUATION OF CANCER

FILING FEE RECEIVED 3739	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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